



Mississippi Medicaid

Roads to

Good Health Guide Book

Call for Information

1-800-421-2408 (601-359-6050 in Jackson)



- You are encouraged to get a yearly health screening from your doctor or clinic.
- This physical examination **will not** be used to determine your eligibility for the Medicaid program.

Eat Right ! Exercise! Be Tobacco Free!



Page 2

Governor Haley Barbour's Healthy MISSISSIPPI INITIATIVE



Dear Friends:

I encourage you to browse through the following pages of Mississippi Medicaid's *Roads to Good Health Guide Book*, which offers important tips and information on keeping yourself and your family healthy. As part of my Healthy Mississippi initiative, this publication is one of the many steps we are taking to promote wellness among the citizens of our great state.

Mississippians have long understood the importance of communities. The health of individuals and the overall health of communities depend on how well we take care of ourselves and our families. Health depends on how well we prevent heart disease, cancer, stroke, and injury. It also depends on how well we care for our neighbors when they are ill or injured. Healthy communities improve our educational system, our productivity at work, the spiritual strength of neighborhoods, and the economic health of Mississippi. Healthy communities also offer the best possible future for Mississippi's children.

That's why I am delighted to share *Roads to Good Health Guide Book* with you, an informative guide in helping you make better decisions that lead to a healthier, more productive lifestyle. In the following pages, you will read about good nutrition, the importance of physical activity, the effects of alcohol and tobacco usage, as well as important Mississippi Medicaid information. The publication also offers information about your free (or very low cost) yearly medical screening, and I strongly encourage all Medicaid recipients to take advantage of this opportunity on an annual basis.

Again, I hope that you will take the time to read through this health guide. We are working hard to reduce major health risks like diabetes, obesity, poor diet and oral health, and physical inactivity in our communities through the Healthy Mississippi initiative, and I am optimistic about our success. By working together, I know we can shape a healthier future for ourselves, our children, and our Mississippi.

Governor Haley Barbour

The Road to

Good Nutrition for Everyone	4
Physical Activity	16
Ending Tobacco Use	17
My Medicaid	20
Medicaid Regional Offices	21
Things You Need to Know	22
Medicaid Programs	24
Medicaid Services	25
Understanding Copayments	28
Reporting Medicaid Fraud	28
Miss. Medicaid Medical Home	29
Your Health - Care Team	30
Your Medication Question Guide	33
Your Health - Care Notes	35
Important Telephone Numbers	37
How To Prepare for a Storm	38

This booklet doesn't have *everything* you need to know about better health, but it does offer you a lot to get you started on your road to a healthier personal lifestyle.

Please read it and keep it handy. It can be a helpful guide to resources available to you in Mississippi.

NOTE: Before beginning your new diet or exercise program, it is important to check with your health-care provider to see what is right for you!

What Is a "Healthy Diet"?



Fruits and vegetables are an important part of a healthy diet. The health benefits of fruits and vegetables are well known. A diet full of fruits and vegetables helps prevent heart disease and cancer.

The Food Pyramid can help you understand which foods (and in what amount) ARE IMPORTANT IN A HEALTHY DIET. The stairs on the side of the pyramid emphasize that exercise is an important part of a healthy lifestyle.

For more information on the Food Pyramid and to find out how much you should eat from each food group based on your age, activity level, and gender, visit www.MyPyramid.gov.



Grains

- Half of servings should come from the whole grain group (try brown rice or whole wheat pasta)
- Eat at least 3 oz. of whole grain bread, cereal, crackers, rice, or pasta each day
- Look for the word "whole" before the grain name on the ingredients list (example: "whole wheat flour")



Vegetables

- Eat more dark green vegetables* (examples: spinach, green bell peppers)
- Eat more orange vegetables (examples: squash, carrots)
- Eat more dried beans and peas (examples: pinto beans, kidney beans, split peas)



Fruits

- Eat a variety of fruits
- Choose fresh, frozen, canned, or dried (no heavy syrup)
- Eat whole fruit more often than juice (go easy on fruit juices)



Oils

- Know your fats
- Get most of your daily fat from fish, nuts, and vegetable oil (examples: olive, peanut, and canola oil)
- Limit solid fats like butter, stick margarine, shortening, and lard

* Check with your doctor or health-care provider to learn if this is right for you.



Milk

- Eat or drink fat-free or low-fat milk and other calcium-rich products (examples: skim milk, cheese, yogurt)
- If you do not or cannot drink milk products, choose lactose-free products or other calcium sources (examples: soy milk, calcium enriched orange juice)



Meat & Beans

- Choose fish or low-fat or lean meat and poultry
- Bake, broil, or grill meat; avoid fried foods
- Vary choices with more fish, beans, peas, nuts, and seeds



Physical Activity

Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight.

Achieve physical fitness by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance.*

- Adults should be physically active for at least 30 minutes each day
- Children should be physically active for 60 minutes each day

*Check with your doctor or health-care provider to learn if this is right for you.

SOURCE: www.MyPyramid.gov
www.health.gov/dietaryguidelines

Water & Liquids

Water and liquids are needed every day. As you get older, you may have less sensitive sensations of thirst and may be more likely to become dehydrated. Vital organs like the kidneys, brain, and heart can't function without a certain minimum of water and salt.**

- Drink eight, 8-ounce glasses of water or beverages such as fruit or vegetable juice, low-fat or non-fat milk, or reduced sodium soup each day
- Alcoholic beverages should not count towards your water/liquid goal

Vitamin D, Calcium, and Vitamin B-12

As an older adult, you need to make sure you are getting enough calcium, vitamin D, and vitamin B-12. You need higher levels of calcium and vitamin D to keep your bones strong.

- Non-fat or low-fat milk is a good source of calcium and vitamin D
- Eat vitamin B-12 fortified foods such as breakfast cereals or supplements
- Exposure to direct sunlight for about 15 minutes each day will help your body produce the vitamin D you need

Special Needs for Older Adults

People in the United States enjoy a relatively long life span compared to many other countries in the world. According to the Centers for Disease Control and Prevention, average life expectancy for an American child born in 2005 is around 77.2 years.* Many people live healthy lives far beyond this.

As we age, our nutritional and physical activity needs change. It's a good idea to talk to your doctor about specific needs that are appropriate for your age and lifestyle.

*www.cdc.gov

**www.quickcare.org/gast/dehydrate.html

Key Recommendations for Specific Population Groups

- *Children and adolescents.* Consume whole grain products often; at least half the grains should be whole grains. Children 2 to 8 years should consume 2 cups per day of fat-free or low-fat milk or equivalent milk products. Children 9 years of age and older should consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

Discussion

Fruits, vegetables, whole grains, and milk products are all important to a healthy diet and can be good sources of required nutrients. When increasing intake of fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products, it is important to decrease one's intake of less-nutrient-dense foods to control calorie intake. The 2,000-calorie level used in the discussion is a reference level only; it is not a recommended calorie intake because many Americans should be consuming fewer calories to maintain a healthy weight.

Meal portion control is very important. Read packaging and labels to see what the portion size is for that item. Remember, a serving size for meat is about the size of a deck of cards. "Super-sized" portions have multiple servings in them.

Key Recommendations

- Choose fiber-rich fruits, vegetables, and whole grains often
- Choose and prepare foods and beverages with little added sugar or caloric sweetener, such as amount suggested by the USDA Food Guide
- Reduce the incidence of dental decay by practicing good oral hygiene and consuming fewer foods and beverages containing sugar and starch

SOURCE: www.health.gov/dietaryguidelines

Foods that contain most of the added sugars in American diets are

- regular soft drinks
- candy
- cakes
- cookies
- pies
- fruit drinks
- Milk-based desserts and products, such as ice cream, sweetened yogurt, and sweetened milk
- Grain products, such as sweet rolls and cinnamon toast

**Go lean with protein —
Start with a lean choice**



- The leanest beef cuts include round steaks and roasts (round eye, top round, bottom round, round tip), top loin, top sirloin, and chuck shoulder and arm roasts
- The leanest pork choices include pork loin, tenderloin, center loin, and ham
- Choose extra lean ground beef. The label should say at least "90% lean." You may be able to find ground beef that is 93% or 95% lean
- Buy skinless chicken parts, or take off the skin before cooking
- Boneless skinless chicken breasts and turkey cutlets are the leanest poultry choices
- Choose lean turkey, roast beef, ham, or low-fat luncheon meats for sandwiches instead of luncheon meats with more fat, such as regular bologna or salami

Keep it lean

- Trim away all of the visible fat from meats and poultry before cooking
- Broil, grill, roast, poach, or boil meat, poultry, or fish instead of frying
- Drain off any fat that appears during cooking
- Skip or limit the breading on meat, poultry, or fish. Breading adds fat and calories. It will also cause the food to soak up more fat during frying
- Prepare dry beans and peas without added fats. Choose and prepare foods without high fat sauces or gravies

Vary your protein choices

Choose fish more often for lunch or dinner. Look for fish rich in omega-3 fatty acids, such as salmon, trout, and herring.

Some ideas are

- Salmon steak or filet
- Salmon loaf
- Grilled or baked trout



Choose dry beans or peas as a main dish or part of a meal often.

Some choices are

- Chili with kidney or pinto beans
- Stir-fried tofu
- Split pea, lentil, minestrone, or white bean soups
- Baked beans
- Black bean enchiladas
- Garbanzo or kidney beans on a chef's salad
- Rice and beans
- Veggie burgers or garden burgers
- Hummus (chickpeas) spread on pita bread



Choose nuts as a snack, on salads, or in main dishes. Use nuts to replace meat or poultry, not in addition to these items:

- Use pine nuts in pesto sauce for pasta
- Add slivered almonds to steamed vegetables
- Add toasted peanuts or cashews to a vegetable stir fry instead of meat
- Sprinkle a few nuts on top of low-fat ice cream or frozen yogurt
- Add walnuts or pecans to a green salad instead of cheese or meat



What to look for on the food label

- Check the nutrition facts label for the saturated fat, *trans* fat, cholesterol, and sodium content of packaged foods
- Processed meats such as hams, sausages, frankfurters, and luncheon or deli meats have added sodium. Check the ingredients and nutrition facts label to help limit sodium intake
- Fresh chicken, turkey, and pork that have been enhanced with a salt-containing solution also have added sodium. Check the product label for statements such as “self-basting” or “contains up to ___% of ___”
- Lower fat versions of many processed meats are available. Look on the nutrition facts label to choose products with less fat and saturated fat

Keep it safe to eat

- Separate raw, cooked, and ready-to-eat foods
- Do not wash or rinse meat or poultry
- Wash cutting boards, knives, utensils, and counter tops in hot soapy water after preparing each food item and before going on to the next one
- Store raw meat, poultry, and seafood on the bottom shelf of the refrigerator so juices don't drip onto other foods
- Cook foods to a safe temperature to kill microorganisms. Use a meat thermometer, which measures the internal temperature of cooked meat and poultry, to make sure that the meat is cooked all the way through
- Chill (refrigerate) perishable food promptly and defrost foods properly. Refrigerate or freeze perishables, prepared food, and leftovers within two hours
- Plan ahead to defrost foods. Never defrost food on the kitchen counter at room temperature. Thaw food by placing it in the refrigerator, submerging air-tight packaged food in cold tap water, or defrosting on a plate in the microwave
- Avoid raw or partially cooked eggs or foods containing raw eggs and raw or undercooked meat and poultry. Women who may become pregnant, pregnant women, nursing mothers, and young children should avoid some types of fish and eat types lower in mercury
See www.cfsan.fda.gov/~dms/admeHg3.html or call 1-888-SAFEFOOD for more information

Why is it important to make lean or low-fat choices from the Meat and Beans group?

Foods in the meat, poultry, fish, eggs, nuts, and seed group provide nutrients that are vital for health and maintenance of your body. However, choosing foods from this group that are high in saturated fat and cholesterol may have poor health implications.

Diets that are high in saturated fats raise “bad” cholesterol levels in the blood. The “bad” cholesterol is called LDL (low-density lipoprotein) cholesterol. High LDL cholesterol, in turn, increases the risk for coronary heart disease. Some food choices in this group are high in saturated fat. These include fatty cuts of beef, pork, and lamb; regular (75% to 85% lean) ground beef; regular sausages, hot dogs, and bacon; some luncheon meats such as regular bologna and salami; and some poultry such as duck. To help keep blood cholesterol levels healthy, limit the amount of these foods you eat.

Diets that are high in cholesterol can raise LDL cholesterol levels in the blood. Cholesterol is only found in foods from animal sources. Some foods from this group are high in cholesterol. These include egg yolks (egg whites are cholesterol-free) and organ meats such as liver and giblets. To help keep blood cholesterol levels healthy, limit the amount of these foods you eat.

A high intake of fats makes it difficult to avoid consuming more calories than are needed.

What are solid fats?

Solid fats are fats that are solid at room temperature, like butter and shortening. Solid fats come from many animal foods and can be made from vegetable oils through a process called hydrogenation.

Some common solid fats are

- | | |
|---------------------------|-------------------|
| • butter | • pork fat (lard) |
| • beef fat (tallow, suet) | • stick margarine |
| • chicken fat | • shortening |

Foods high in solid fats include:

- many cheeses
- creams
- ice creams
- well-marbled cuts of meats
- regular ground beef
- bacon
- sausages
- poultry skin
- many baked goods (such as cookies, crackers, donuts, pastries, and croissants)

In some cases, the fat in these foods is invisible. Regular cheese and whole milk are high in solid fat, even though it is not visible.

Most solid fats are high in **saturated fats** and/or **trans fats** and have lower monounsaturated or polyunsaturated fats. Animal products containing solid fats also contain cholesterol.

In contrast to solid fats, oils are fats that are liquid at room temperature, like the vegetable oils used in cooking. Oils come from many different plants and from fish.

Some common oils:

- | | |
|--------------|-----------------|
| • canola oil | • safflower oil |
| • corn oil | • soybean oil |
| • olive oil | • sunflower oil |
| • peanut oil | |

Some oils are used mainly as flavorings, such as walnut oil and sesame oil. A number of foods are naturally high in oils, such as:

- | | |
|----------|-------------|
| • nuts | • some fish |
| • olives | • avocados |

A few plant oils, including coconut oil and palm kernel oil, are high in saturated fats and for nutritional purposes should be considered solid fats.

SOURCE: www.mypyramid.gov

How do I count the solid fats I eat?

This chart gives a quick guide to the amount of solid fats in some common foods: (Source: www.MyPyramid.gov)

	Amount of food	Amount of solid fat	Calories from solid fat	Total calories
		Teaspoons /grams (tsp/g)	Approx. calories	Approx. calories
Solid Fats:				
Shortening	1 Tbsp	3 tsp/13g	115	115
Butter	1 Tbsp	2 ½ tsp/12g	100	100
Margarine (hard or stick)	1 Tbsp	2 ½ tsp/11g	100	100
Coconut or palm oil	1 Tbsp	3 tsp/14g	120	120
Foods rich in solid fats:				
Heavy cream	1 Tbsp	1 tsp/5g	50	50
Half and half cream	1 Tbsp	1/2 tsp/2g	15	20
Sour cream	1 Tbsp	1/2 tsp/2g	20	25
Whole milk	1 cup	2 tsp/8g	70	145
Cheddar cheese	1 1/2 oz	3 tsp/14g	125	170
Ice cream, chocolate	1 cup	3 tsp/14g	125	285
Bacon, cooked	1 1/2 tsp/6g	1 1/2 tsp/6g	55	85
Pork sausage	2 links(2 oz)	3 tsp/14g	120	165
Hamburger (80% lean)	cooked(3 oz)	3 tsp/14g	120	205
Prime rib, lean & fat	cooked(3 oz)	6 tsp/29g	255	340
Prime rib, lean only	cooked(3 oz)	3 1/2 tsp/16g	140	250
Croissant	1 med.(2 oz)	3 tsp/12g	105	230
Biscuit	1 small	1 1/2 tsp/6g	50	125
Pound cake	1 oz slice	1 1/2 tsp/6g	50	110
Cheese Danish	2 1/2 oz	3 1/2 tsp/16g	135	265
Chocolate cream pie	1/8 of 8" pie	5 tsp/22g	195	345

Childhood Obesity

The prevalence of overweight children among those aged 6 to 11 more than doubled in the past 20 years, going from 7% in 1980 to 16% in 2002. The rate among adolescents aged 12 to 19 more than tripled, increasing from 5% to 16%.¹ Overweight is the result of caloric imbalance (too few calories expended for the amount of calories consumed) and is determined to some extent by genetics and health. An estimated 61% of overweight young people have at least one additional risk factor for heart disease, such as high cholesterol or high blood pressure.² In addition, children who are overweight are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.³ Overweight young people are more likely than children of normal weight to become overweight or obese adults and therefore more at risk for associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.³ Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming overweight and developing related diseases.¹

References

1. Hedley AA, Ogden CL, Johnson CL, Carroll MD, Curtin LR, Legal KM. Prevalence of overweight and obesity among U.S. children, adolescents, and adults, 1999-2002. *JAMA* 2004;291(23):2847-2850.
2. Freedman DS, Dietz WH, Srinivasan SR, Berenson GS. The relation of overweight to cardiovascular risk factors among children and adolescents: the Bogalusa Heart Study. *Journal of Pediatrics* 1999;103(6):1175-1182.
3. U.S. Surgeon General. Overweight and Obesity: Health Consequences. Web site accessed June 30, 2005.

Energize Your Life!

Who said physical activity is all work and no play? In fact, it can be just the opposite! There is no need to think of strenuous workouts that are painful and boring. Instead, imagine doing fun physical activities you enjoy and look forward to. Do physical activity for enjoyment and watch the health benefits follow!

The United States is on the brink of a longevity revolution. By 2030, the number of older Americans will have more than doubled to 70 million, or one in every five Americans. The growing number and proportion of older adults places increasing demands on the public health system and on medical and social services.

Chronic diseases pose a particularly heavy health and economic burden on older adults due to associated long-term illness, diminished quality of life, and greatly increased health-care costs. Although the risk of disease and disability clearly increases with advancing age, poor health is not an inevitable consequence of aging.

Much of the illness, disability, and death associated with chronic disease is avoidable through known prevention measures. Key measures include practicing a healthy lifestyle (e.g., regular physical activity, healthy eating, and avoiding tobacco use) and the use of early detection practices (e.g., screening for breast, cervical, and colorectal cancers, diabetes and its complications, and depression).

Critical knowledge gaps exist for responding to the health needs of older adults. For chronic diseases and conditions, such as Alzheimer's disease, arthritis, depression, psychiatric disorders, osteoporosis, Parkinson's disease, and urinary incontinence, much remains to be learned about their distribution in the population, associated risk factors, and effective measures to prevent or delay their onset.

The Burden of Tobacco Use

An estimated 45.8 million adults in the United States smoke cigarettes, even though this single behavior will result in death or disability for half of all regular smokers. Tobacco use is the leading preventable cause of death in the United States, resulting in approximately 440,000 deaths each year. More than 8.6 million people in the United States have at least one serious illness caused by smoking. If current patterns of smoking persist, 6.4 million people currently younger than 18 will die prematurely of a tobacco-related disease. Paralleling this enormous health toll is the economic burden of tobacco use: more than \$75 billion per year in medical expenditures and another \$80 billion per year resulting from lost productivity.

Since 1964, 28 Surgeon Generals' reports on smoking and health have concluded that tobacco use is the single most avoidable cause of disease, disability, and death in the United States. Over the past four decades, cigarette smoking has caused an estimated 12 million deaths, including 4.1 million deaths from cancer, 5.5 million deaths from cardiovascular diseases, 2.1 million deaths from respiratory diseases, and 94,000 infant deaths related to mothers' smoking during pregnancy.

Smokeless tobacco, cigars, and pipes also have deadly consequences, including lung, larynx, esophageal, and oral cancers. Low-tar cigarettes and other tobacco products are not safe alternatives.



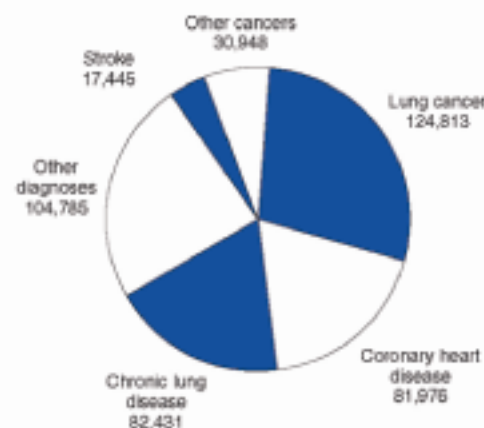
If you are a Medicaid beneficiary, ask your health-care provider about how we can help you quit tobacco! We cover nicotine replacement gum and patches, too! Contact your provider today!

The harmful effects of smoking do not end with the smoker. Babies of women who smoke during pregnancy are more likely to have lower birth weights, an increased risk of death from sudden infant death syndrome, and respiratory distress. In addition, secondhand smoke has harmful effects on nonsmokers. Each year, primarily because of exposure to secondhand smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and more than 35,000 die of heart disease.

An estimated 150,000 - 300,000 children younger than 18 months of age have lower respiratory tract infections because of exposure to secondhand smoke.

Although smoking rates fell among high school students from 2000 to 2002, they did not decline significantly among middle school students. This lack of progress suggests the need for greater use of proven antismoking strategies and for new strategies to promote further declines in youth smoking.

442,398 U.S. Deaths Attributable Each Year to Cigarette Smoking*



*Average annual number of deaths, 1995-1999.
Source: MMWR 2002;51(14):300-3.

Adolescent Tobacco Use

Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, is the single leading preventable cause of death in the United States. Each year, smoking causes approximately 435,000 premature deaths and over 5 million years of potential life lost.¹ Every day, approximately 4,000 American youth aged 12-17 try their first cigarette.² If current patterns of smoking behavior continue, an estimated 6.4 million of today's children can be expected to die prematurely from a smoking-related disease.³ In 2003, 22% of high schools students reported current cigarette use and 15% reported current cigar use. In addition, 7% of high school students and 13% of white male high school students reported current smokeless tobacco use.⁴

References

1. Fellows JL, Trosclair A, Adams EK, Rivera CC. Annual smoking attributable mortality, years of potential life lost and economic costs: United States 1995-1999. *Morbidity and Mortality Weekly Report* 2002;51:300-303.
2. Substance Abuse and Mental Health Services Administration. *Summary of findings from the 2001 National Household Survey on Drug Abuse: Volume II*. Technical appendices and selected data tables. Rockville, MD: U.S. Department of Health and Human Services, 2002;NHSDA Series H-18;DHHS publication no. (SMA) 02-3759.
3. CDC. Office on Smoking and Health, 2002 calculations based upon: Smoking attributable mortality and years of potential life loss—United States, 1984. *Morbidity and Mortality Weekly Report* 1997;46:444-451.
4. Grunbaum JA, Kann L, Kinchen S, Ross J, Hawkins J, Lowry R, et al. Youth Risk Behavior Surveillance—United States, 2003. *Morbidity and Mortality Weekly Report* 2004;53(SS-2):1-95.

What Is Medicaid?

Medicaid

Medicaid is a health-care program that pays for medical services for qualified people. Medical payments are made from both state and federal government monies.

Who Can Get Medicaid?

If you live in Mississippi, you may qualify for Medicaid. If you need medical assistance, you must fill out an application to find out if you qualify for this program. Anyone who meets the Medicaid standards, such as certain low-income-level persons; pregnant women; children; aged; blind; or disabled persons, can receive Medicaid.

Where do I apply for Medicaid?

You may apply for Medicaid for low-income families and children under 19 and pregnant women at your Medicaid Regional Office. You may call 1-800-421-2408 to locate your nearest Medicaid Regional Office.

If you are disabled, working disabled, or 65 or older and not receiving Social Security income, you may apply for benefits at the Medicaid Regional Offices listed on the next page.



Regional Offices

Brandon 601-825-0477
Brookhaven 601-835-2020
Canton 601-859-3230
Clarksdale 662-627-1493
Cleveland 662-843-7753
Columbia 601-731-2271
Columbus 662-329-2190
Corinth 662-286-8091
Greenville 662-332-9370
Greenwood 662-455-1053
Grenada 662-226-4406
Gulfport 228-863-3328
Hattiesburg 601-264-5386
Holly Springs 662-252-3439
Jackson 601-961-4361

Kosciusko 662-289-4477
Laurel 601-425-3175
McComb 601-249-2071
Meridian 601-483-9944
Natchez 601-445-4971
New Albany 662-534-0441
Newton 601-683-2581
Pascagoula 228-762-9591
Philadelphia 601-656-3131
Picayune 601-798-0831
Senatobia 662-562-0147
Starkville 662-323-3688
Tupelo 662-844-5304
Vicksburg 601-638-6137
Yazoo City 662-746-2309

You may call any of the offices listed above to find out how to apply. You may also receive an application by mail. Call your local Medicaid Regional Office to find out more.



Freedom of Choice

Most Medicaid beneficiaries may choose the doctor or clinic they wish to use. The doctor or clinic must be willing to accept Medicaid payments.



Other Health Insurance

You must report to Medicaid any health insurance you may have. If you have health insurance and Medicaid, you must give your insurance information to your doctor when you get services. In order to be eligible for Medicaid, you must assign your rights to medical payments from any source to the Division of Medicaid.



Civil Rights

Participating providers of services in the Medicaid program must comply with the requirements of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Section 504 of the Rehabilitation Act of 1973. Under the terms of those laws, a participating provider or vendor of services under any program using federal funds is prohibited from making a distinction in the provision of services to beneficiaries on the grounds of race, age, gender, color, national origin, or disability. This includes distinctions made on the basis of race or disability with respect to (a) waiting rooms, (b) hours for appointments, or (c) order of seeing patients.

NOTE: The Office of the Governor, Division of Medicaid (DOM), is responsible for investigating complaints of non-compliance.



Fair Hearings

An eligibility hearing is a legal process that you may ask for if you do not agree with a decision that has been made about your Medicaid eligibility.

After you have been mailed a notice telling you of any action(s) taken on your Medicaid case, you will have 30 days in which to ask for a hearing. You may do this by either writing your Medicaid Regional Office, the Medicaid State Office, or by completing the "Hearing Request" form, available in your Medicaid Regional Office.

If you are already getting Medicaid or CHIP and you ask for a hearing within 10 days after getting the notice, your Medicaid will not stop until your case has been decided. CHIP benefits will be continued for the next possible month. However, if the agency's action is upheld by the hearing decision, the Division of Medicaid has the right to initiate action for recovering benefits you receive during the hearing process.

NOTE: Please show your Medicaid ID card whenever you get medical services.

Medicaid Identification Card

Once Medicaid eligibility has been approved, each Medicaid-eligible member in a family will get a plastic Identification (ID) Card. The beneficiary name and ID number are printed on this card.

Things You Must Do To Get Health-Care Services

Always remember to take your Medicaid ID card every time you go to get health services. Remember, not all doctors, dentists, and other providers accept Medicaid. You should always ask the provider if he/she accepts Medicaid **before you get services**.

You need to make sure your provider takes Medicaid.

- You need to ask your provider if the service/test/procedure is covered by Medicaid **before the service is performed**.
- If a service that is not covered by Medicaid policy is performed, then the provider can bill **you** and expect **you** to pay for the service.

Programs



Eyeglasses



Home Health Services



Hospital Care Inpatient



Hospital Care Outpatient



Inpatient Psychiatric Care



Long-term Care Services

This information is only for those who qualify for full Medicaid benefits

Page 25

Services

Office Visits and Family Planning



Prescription Drugs



Non-Emergency Transportation



Covered Services also Include

- Ambulatory Surgical Center
- Chiropractic Services
- Dental Extractions and Related Treatment
- Dialysis Services
- Durable Medical Equipment
- Emergency Ambulance Services
- Hospice Services
- Laboratory Services
- Radiology
- Medical Supplies
- Mental Health Services
- Physician Services, Physician's Assistant Services, Nurse Practitioner Services
- Physical, Occupational, Speech Therapy
- Transplants

Page 26

This information is only for those who qualify for full Medicaid benefits

EPSDT (Early Periodic Screening, Diagnosis, and Treatment)

The EPSDT Program provides free medical checkups for all Medicaid-eligible children and youth under the age of 21. It also covers treatment for medical problems identified as a result of the medical checkup, including some services not normally covered by Medicaid. To learn more about this program, call the EPSDT Division of the Bureau of Maternal and Child Health at 1-800-421-2408.



EPSDT Services

- Additional Drug Prescriptions
- Additional Eyeglasses
- Additional Home Health Services
- Additional Inpatient Hospital Days
- Additional Outpatient Hospital Days
- Dental Services
- Durable Medical Equipment
- Interperiodic Screens
- Hearing Aids
- Outpatient Psychiatric and Mental Health Care
- Personal Care Services
- Prosthetics and Orthotics
- Medical Supplies
- Nursing Services
- Screening Services
- All Standard Medical Benefits Can Be Expanded (Check with your doctor.)

Other Services for Children

- Lead Screening
- Well Baby/Child Checkups
- Well Baby/Child Shots (Immunizations)
- WIC (Women, Infants, and Children nutrition and education programs)

Mississippi Health Benefits for Children

Health benefits for children from birth to age 19 are provided through Medicaid. Some children may be eligible for Medicaid. Other children whose families make too much money to qualify for Medicaid may be eligible for Blue Cross Blue Shield health insurance, otherwise known as the Children's Health Insurance Program (CHIP). Families may earn up to 200% of the federal poverty level and be eligible for CHIP. To find out if your children are eligible for either program, you must fill out a Mississippi Health Benefits application. The same application is used for Medicaid and CHIP. Applications and help filling them out are available at Medicaid Regional Offices. For more information call 1-877-KIDS-NOW (1-877-543-7669).



Copayments

- A copayment is a small cost you have to pay for the service you get.
- Children under the age of 18, pregnant women, and persons in nursing homes do not have to pay a copayment.
- You do not have to pay a copayment if you are getting family-planning services or emergency services in an emergency room.

**Reporting Suspected
Medicaid Fraud**

What to Do If...

- Your health-care provider is providing a service you think might not be necessary to treat you
- You think your health-care provider may be billing for a service you did not receive
- You know people who are letting others use their Medicaid cards

If you experience any of these situations, please call the Bureau of Program Integrity Hotline at **1-800-880-5920**.



**Home and
Community
Based Service
(HCBS)**

HCBS programs offer in-home services to help people live at home instead of in institutions.

To qualify, you must meet institutional level-of-care requirements, along with other criteria. Services are available to qualifying elderly, disabled, and/or mentally retarded/developmentally disabled Medicaid beneficiaries.

**What is a
"Medical Home"?**

A "Medical Home" is where a Medicaid beneficiary gets their medical care on a regular basis. This allows the health-care provider and the beneficiary the opportunity to get to know each other better over time. This type of care reduces the cost of nonemergency health care and saves valuable program dollars.



What is the "Mississippi Medicaid Medical Home or (MMMH)"?

The **Mississippi Medicaid Medical Home** is our initiative to control the cost of our program and insure this Medicaid health care safety net will continue to be available for those who need it now and in the future. The continuing increase in Medicaid eligibles and related program costs reflects an urgent need to redirect our program.

How will the **MMMH control program costs?**

By redirecting existing program dollars from a pay for service strategy to a wellness strategy, we will control DOM's program costs. Our goal is to create a *Healthier Mississippi*.

How will the **MMMH create a *Healthier Mississippi*?**

- 1) By making sure only those who are truly qualified for Medicaid receive benefits. This will happen by face-to-face determinations and redeterminations conducted by Medicaid staff.
- 2) By encouraging all our beneficiaries to participate in low-cost medical screenings to establish their *Medical Home*. The use of a "Medical Home," along with the physical examination, will help our beneficiaries concentrate on wellness and disease avoidance. The physical examination **will not** be used to determine eligibility for the Medicaid program.

Disease Management Programs

Disease Management Programs provide support to people with diseases like diabetes, high blood pressure, asthma, and other medical problems that do not go away. Nurses teach you ways to take care of yourself, like eating special diets, taking medicines the right way, and seeing your doctor before little problems get bigger. They can help you find a Medical Home and work with your doctor so you do not have to make trips to the emergency room or go in the hospital as often.

Be an Active Member of Your Health-Care Team

When it comes to using medicine, there is no such thing as completely safe. All medicines have risks. The U.S. Food and Drug Administration (FDA) approval of a drug means that the benefits outweigh the known risks that are outlined on the drug's label.

Physicians, physician's assistants, nurses, pharmacists, and **YOU** make up your health-care team. To reduce the risks related to using medicines and to get the maximum benefit, you need to play an active role on the team.

Speak Up!

The more information your health-care team members know about you, the better they can develop a plan of care tailored to you. The members of your team need to know

- Your medical history
- Any allergies and sensitivities you have
- The medications you take routinely and occasionally, prescription and over-the-counter
- Any dietary supplements you use including vitamins and herbals
- Other therapies you use
- Anything that may affect your ability to use the medication

Ask Questions!

Your health-care team members help you make the best-informed choices, but **you have to ask the right questions**. When you meet with a team member, have your questions written down and take notes.

You may also want to bring along a friend or relative to help you understand and remember the answers.

Use the "Question Guide" at the end of this section to help you gather the information you need from your health-care team. If you don't understand an answer, ask again.

Learn the Facts!

Before you purchase a prescription or over-the-counter medicine, learn and understand as much about it as you can, including

- generic and brand names
- active ingredients
- proper uses—(indications/contraindications)
- instructions
- warnings and precautions
- interactions—with food, dietary supplements, other medicines
- side effects/adverse reactions
- expiration dates

Drug information designed for the consumer is available from a variety of sources: your pharmacy, the manufacturer, the library, the bookstore, and the Internet. If there is something you don't understand, ask your health-care team.

BALANCE THE BENEFITS AND RISKS: Make Your Decision!



After you have exchanged all the information, weigh all your options. At this point you must decide if the benefits you hope to achieve from the medicine outweigh its known risks. The final choice is yours.

FOLLOW DIRECTIONS

When you are ready to use the medicine, maximize the benefits and minimize the risks by following the instructions printed on the drug label:

- **Read the label every time you fill your prescription**—before you leave the pharmacy. Be sure you have the right medicine and understand how to use it
- **Read the label every time you are about to use the medicine**—to be sure it's the right medicine, for the right patient, in the right amount, in the right way, at the right time
- **Take the recommended dose exactly as prescribed**—no matter how tempted you are to use more to feel better faster
- **Finish all the medicine as directed**—even if you start to feel better before all your medicine is completed

REPORT BACK TO THE TEAM

Pay attention to how you feel and notify your health-care team of any problems.

If you have doubts that the medicine is working effectively, don't stop taking it without checking with the team. Some medications take longer to show a benefit, and some need to be withdrawn gradually to decrease undesirable effects. If you experience a side effect, let your health-care team know immediately. An adjustment in the dosage or a change in medication may be needed.

Question Guide



Use this guide to gather the information you need to know from your health-care team.



Ask your health-care provider these questions about each new medicine which is recommended or prescribed. Write the answers in the spaces provided. Use a separate sheet for each medicine.

Name of Medicine _____

What are the brand and generic names of the medicine?

Can I use a generic form?

What is the medicine for and what effect should I expect?

Does this drug replace any other medicine I have been using?

How and when will I use it, what amount will I use, and for how long?

What do I do if I miss a dose?

(over)

Should I avoid any other medicines (prescription or over-the-counter), dietary supplements, drinks, foods, or activities while using this drug?

When should I notice a difference or improvement? When should I report back?

Will I need to have any testing to monitor this drug's effects?

Can this medicine be used safely with all my other medications and therapies? Could there be interactions?

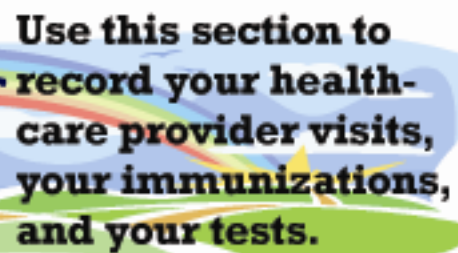
What are the possible side effects? What do I do if a side effect occurs?

How and where do I store this medicine?

Where and how can I get written information about this medicine? What other sources of information can I use to learn about this medicine?

SOURCE: U.S. Food and Drug
Administration • Center for Drug
Evaluation and Research
Call 1-888-INFO-FDA or go to
www.fda.gov/cder/

NOTES:

[illegible]

NOTES:

[illegible]

Date of Visit	Notes

Department of Health (Mississippi)

1-800-489-7670 outside Jackson
(601) 576-7400 inside Jackson
Web: <http://www.msdh.state.ms.us>

Department of Human Services

1-800-345-6347 outside Jackson
(601) 359-4500 inside Jackson
Web: <http://www.mdhs.state.ms.us>

Division of Medicaid

1-800-421-2408 outside Jackson
(601) 359-6050 inside Jackson
Web: <http://www.dom.state.ms.us>

Department of Mental Health

1-877-210-8513 Statewide Help Line
(601) 359-1288 inside Jackson
(601) 359-6230 TDD
Web: <http://www.dmh.state.ms.us>

Department of Rehabilitation Services

1-800-443-1000 outside Jackson
(601) 853-5100 inside Jackson
Web: <http://www.mdrs.state.ms.us>

The following information is provided for informational purposes only and is not intended to provide the reader with medical advice. If the reader has any questions regarding his or her medical condition, he or she should seek the advice of a physician or other appropriate health-care professional.

Medicaid Urges Storm Season Sense

"Stay Alert, Stay Alive" Safety Tips for Beneficiaries



The Division of Medicaid is advising all beneficiaries and beneficiary support-givers to be ready for this year's storm season by taking the following precautions now:

Create an emergency health information card or sheet that communicates to rescuers what they need to know about you if they find you unconscious or incoherent, or if they need to quickly help evacuate you. Make multiple copies to keep in your emergency supply kits, car, work, wallet, wheelchair pack, etc.

List the following information:

Your name; street address; city, state, zip; phone numbers (home, work, cell); your birth date; blood type; Social Security Number; your health insurance carrier and Individual and Group Number (include Medicaid and Medicare numbers); important numbers and any other insurance numbers; physicians' and pharmacies' names and telephone numbers; the nearest hospital and clinic telephone number and address; your emergency contacts; conditions or any disability; a list of any adaptive equipment you use; your allergies and sensitivities; communication or cognitive difficulties you may have; and the names of medications you take and their dosages.

Also include when you take a medication, the condition for which you take a medication, the name of the doctor who prescribed it, and the doctor's phone number. It is best if you are able to maintain **at least a 7-to-14 day supply** of essential medications (heart, blood pressure, birth control, diabetic, psychiatric, etc.) and keep this supply with you at all times.

If this is not possible, even maintaining a 3-day supply would be extremely helpful.

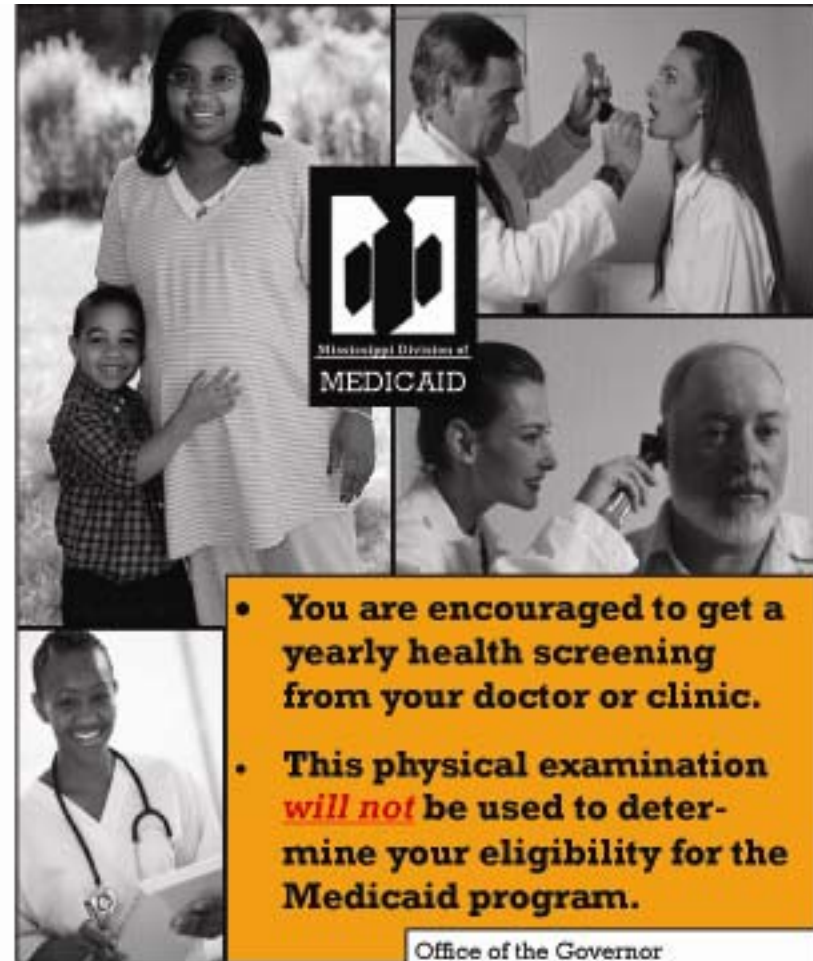
It would be a very good idea to talk with your doctor or pharmacist about what you should do if you do not have enough medicine after a disaster and cannot immediately get what you need. Be sure you ask about the shelf life of your medications and the temperatures at which they should be stored.

If appropriate, add something like the following:

A list of conditions a rescuer might need to know about (if you are not sure, list it): diabetes, epilepsy, heart condition, high blood pressure, respiratory condition, HIV positive. "My disability, which is due to a head injury, sometimes makes me appear drunk. I'm not;" "I have a psychiatric disability; in an emergency I may become confused. Help me find a quiet corner and I should be fine in about 10 minutes; if not give me one pill, (name and color of medication) located in my (purse, wallet, pocket, etc.);" "I take Lithium and my blood level needs to be checked every _____;" "My primary language is ASL (American Sign Language). I am deaf and not fluent in English; I will need an ASL interpreter. I read only very simple English." Make copies of these cards or sheets and place them in clear plastic bags to protect them from the elements.

The elderly and disabled are especially vulnerable during a storm emergency. Families and support-givers of the elderly and disabled should have a plan in place prior to a storm or emergency to ensure survival of this fragile population. This plan should be well-rehearsed and ready to implement in the event of an emergency.

The Mississippi Division of Medicaid reminds all Medicaid beneficiaries to follow these and other survival safety tips to "Stay Alert and Stay Alive."



- **You are encouraged to get a yearly health screening from your doctor or clinic.**
- **This physical examination *will not* be used to determine your eligibility for the Medicaid program.**

Office of the Governor

Division of Medicaid

Robert E. Lee Building

Suite 801

239 North Lamar Street

Jackson, MS 39201-1399

Phone: 601-359-6050

1-800-421-2408

Web: <http://www.dom.state.ms.us>

(Revised 11.30.2006)

